COMPLETE ALL SECTIONS -- INCOMPLETE AND/OR EMAILED APPLICATIONS WILL NOT BE CONSIDERED

CIP 2 - CIP ACTIVITY FINANCIAL REQUEST: NON-CITY FY2016			
PROJECT TITLE: AGENCY:			
GENERAL DESCRIPTION/BENEFITS:			
Use of Funds - Project Goal/Mission: (250-350 words)			
# of ALL unduplicated individuals to be served by Project (through CIP and other funding combined): # of Agency Staff for ALL programs: # of Agency Staff supported by CIP Project funding requested:			
Agency's service area (for ALL agency programs): Manchester Greater Manchester Statewide (check all that apply)			
Agency's service area for CIP funds only: Manchester Greater Manchester Statewide (check all that apply)			
IF APPLYING FOR CBDO ELIGIBILITY, COMPLETE THE FOLLOWING QUESTIONS: Funded through CBDO in past? Y/N If yes, when?			
How does this project fit into the mission of a CBDO? Neighborhood revitalization, community economic development, or energy conservation? Explain (150 words)			
How will this project impact and improve services provided in the Neighborhood Revitalization Strategy Area? (250-350 words)			

CIP PERFORMANCE MEASURE	S - (GOAL):	
First Time Request?Yes _ If No - What is the anticipated inc	No rease in level of services that will result from project	ct funding approval?
If previously funded, did this proje	ect meet all contractual performance measures, rep	porting requirements, etc. during each year of funding?YesNo
Explain.		
Estimated # of unduplicated Bene	eficiaries directly supported by CIP funding:	_
Estimated % of low-moderate inco	ome Beneficiaries supported by CIP funding:	%
Estimated % of Beneficiaries from	n the Neighborhood Revitalization Strategy Area: _	%
Other benchmarks:		
CIP BUDGET HISTORY:		
PROJECT PERIOD:		
	TO:	
CRITICAL EVENTS:		DATES:
	(FOR CIP USE	
PAST PERFORM:	GEO AREA:	PRIORITY #:
FUND/ACTIVITY TYPE: (PS, PF, ESG, HOME)	NATIONAL OBJECTIVE :	TOTAL # OF CIP BENEFICIARIES:
CBDO ELIGIBLE Y/N:	CBDO ALIGNMENT:	LEVERAGED FUNDS: \$